

**RYAN WHITE TITLE I
DURABLE MEDICAL EQUIPMENT AND SUPPLIES
LETTER OF MEDICAL NECESSITY
(THIS DOCUMENT MUST BE ACCOMPANIED BY A DOCTOR'S PRESCRIPTION)**

PAGE 1 OF 2

Date: _____

PART I - Physician's Certification

As the primary physician for _____, who has a diagnosis of (*HIV+ Symptomatic or AIDS*) _____, it is my opinion that he/she requires the following medical equipment and/or supplies due to a prognosis of _____:

Equipment _____ Quantity _____

Supplies _____ Quantity _____

The medical **equipment** indicated above is necessary in order to ensure the patient's well being for the time period of _____.

The medical **supplies** indicated above are necessary in order to ensure the patient's well being for the time period of _____.

Physician's Signature

Date

Physician's Florida Medical License Number

() _____
Physician's Telephone Number

Agency Name

PART II - Case Manager's Certification

To be Completed by Title I Funded Case Managers

As the primary case manager for _____, CIS #: _____, Agency Assigned ID #: _____, I certify that he/she has been screened for eligibility under Title I and other funding sources. Title I (funding source of last resort) is the only program that can currently meet this client's needs for all of the equipment and/or supplies indicated above or for some of the items listed depending on the limitations defined by other benefit programs. As a Title I funded provider, I understand that this Letter of Medical Necessity, along with the attached physician's order for the above mentioned equipment and/or supplies, constitutes a certified referral for this service and confirms this client's medical and financial eligibility under the Title I program.

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PART II - Case Manager's Certification (Continued)

To be Completed by Non-Title I Funded Case Managers

As the primary case manager for _____, Agency Assigned ID #: _____, I certify that he/she has been screened for eligibility under funding sources other than Title I. Title I (funding source of last resort) is the only program that can currently meet this client's needs for all of the equipment and/or supplies indicated above or for some of the items listed depending on the limitations defined by other benefit programs. As a non-Title I funded case manager, I understand that this Letter of Medical Necessity must be accompanied by documentation of the client's medical and financial eligibility in order for the client to receive this service under the Title I program. Therefore, the required proof of eligibility is hereby attached.

Case Manager's Signature

Date

Agency Name

() _____
Case Manager's Telephone Number